PTO/SB06 (08-03)
Approved for use through 7/3 1/2008, CMB 9651-0032
U.S. Petient and Trademark Officer, U.S. DEPARTMENT OF COMMERCE to a collection of information unless it develops a while form

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 PAGE Application of Occupation Number Application of Occupation Number Application of Occupation Number Substitute for Form PTO-875									
CLAIMS AS FILED — PART I (Cotumn 1) (Cotumn 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR			MUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))						8	OR		5
YOYAL CLAIMS CIF CFR 1.16(c)		adnus 20 +	•		x•		OR	x \$•	
DIDEPENDENT CLAIMS (DT CFR 1.15(D))		colmus 3 •			x s=		OR	x ś•	
MILLTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))					+9e		OR	•••	
* If the difference in column 1 is less than zero, enter "V" in column 2.					TOTAL		OR.	TOTAL	
, (CLAIMS AS AMENDED - PART II									
9/21/05 (Column 1) (Column 2) (Column 3)					SMALL I	ENTITY	OR	OTHER	
	CLAIMS EMAINING AFTER MENDMENT	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 GW 1.1800) C	23,	Minus *	20/0	• 1	x s	1	OR	x s=	1
Z independent .	4	Minus *	7	•	x	1	Ç#R	x 8	
FIRST PRESENTATION OF INJUTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))					+3=		OR	+s	
					TOTAL - ADD'L FEE	1	OR	TOTAL ADD'L FEE	
11 /14/0 S (Column 1) (Column 2) (Column 3)									
6 0 R	CLAIMS EMAINING AFTER MENDMENT	-	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Carona Car	14	Minus	ix la	•	x s		OR.	X \$=	
Independent (grown tump)	2	Minus	- H	• ,	x 8 •		OR	x 8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1610)					+5		OR.	+5	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
127 00 (Column 1) (Column 2) (Column 3)									
	CLAIMS MEMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESĖNT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total A	2	Minus	26	•	x \$=		OR	x s =	
Z Independent (III (p) GPR 1.4000	2	Minus *		•	× 3		OR	x 9•	
FIRST PRESENTATION OF MILETURE DEPENDENT CLAIM (SF CFR L1801)					+5		OR	+ 5 .	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
 6 the entry in column 1 is less than the entry in column 2, write "0" in column 3. 6 the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". 6 the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". 7 the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". 7 the Number Previously Paid For "Creating the Paid Previously is the highest number found in the appropriate how in column 1. 									

The "rightest Number Previously Paid Fer" (Total or Independent) is the highest number tound in the appropriate box in column 1.
This collection of information is required by 37 CFR 1.14. The information is required to obtain a benefit by the public which is to title (and by the USFTO to process) an application. Confidentiality is governed by 35 USC. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on this execut of time you require to complete this form endier suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.